



Authorization Form

Providence United Methodist Church

FOR OFFICE USE ONLY	ENVELOPE #	DATE
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Type of Authorization Form:

<input type="checkbox"/> New authorization	<input type="checkbox"/> Change banking/credit card information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
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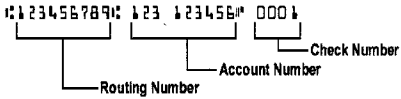
Address

City	State	Zip
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Email Address

Date of first donation: ____/____/____	Frequency of donation: (please check only one) <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	Donation Amount:
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Special Instructions:

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
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I authorize the above church and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

